U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



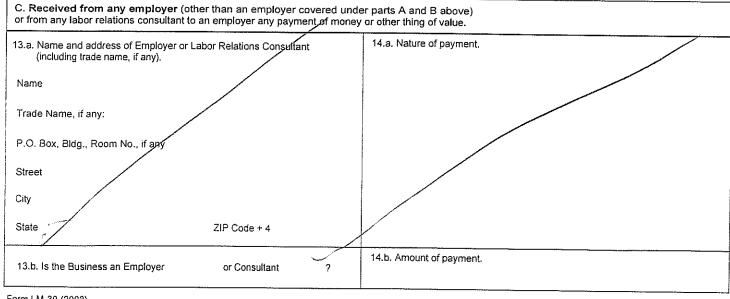
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 14300	2. Fiscal Year Covered From:
	1/4/05 Through: 12/31/05
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ANTHONY MAGRENE	Name I. B. T. LOCIAL 804
	Labor Organization File Number 237-841
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3919-NEW YORKAVIE	Street 3421 REVIEW AUE
city SEAFORD	City L.J.C.
State N . ZIP Code + 4 //7 8 3	State
5. Position in labor organization. SECRETARY -	REASURER
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
	7.b. Amount.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street City	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.) On 3-02-06 7/8-786-5700
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)

or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: HEALTH BENEFITS TRUSTEIZ ON FUNDS a. Labor Organization b. Trust c. Employer
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL SOY WRLFARB TRVST FI) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 34-21 RBWIEW AVR City L. T. C. State N.Y. ZIP Code + 4 ///01	11.a. Nature of such dealing. FNTERNITIONIAL BENEFITS POUNDATION EDUCATIONIAL INIESTING HELD IN HONDLOLD POED, BOARD, TRANS PORTATION 11.b. Approximate dollar value of such dealing. 2, 247. 84 12.a. Nature of interest held or income received.



12.b. Amount.